

*Landscape of Plan
Options in
Nebraska
2007*

MedicareRx
Prescription Drug Coverage X

Medicare Advantage Cost Plans and Demonstrations

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Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Adams	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Adams	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Adams	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Adams	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Adams	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Adams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Adams	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Adams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Antelope	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Antelope	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Antelope	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Antelope	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Antelope	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Antelope	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Antelope	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Antelope	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Antelope	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Antelope	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Antelope	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Antelope	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Antelope	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Arthur	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Arthur	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Arthur	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Arthur	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Arthur	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Arthur	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Arthur	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Arthur	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Arthur	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Arthur	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Arthur	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Arthur	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Arthur	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Arthur	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Arthur	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Banner	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Banner	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Banner	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Banner	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Banner	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Banner	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Banner	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Banner	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Banner	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Banner	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Banner	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Banner	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Banner	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Banner	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Banner	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Banner	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Banner	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Blaine	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Blaine	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Blaine	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Blaine	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Blaine	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Blaine	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Blaine	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Blaine	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Blaine	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Blaine	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Blaine	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Blaine	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Blaine	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Blaine	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Blaine	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Blaine	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Boone	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Boone	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Boone	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Boone	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Boone	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Boone	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Boone	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Boone	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Boone	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Boone	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Boone	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Boone	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Boone	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Boone	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Boone	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Boone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Boone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Box Butte	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Box Butte	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Box Butte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Box Butte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Box Butte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Box Butte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Box Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Box Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Box Butte	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Box Butte	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Box Butte	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Box Butte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Box Butte	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Box Butte	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Box Butte	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Box Butte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Box Butte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Boyd	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Boyd	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Boyd	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Boyd	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Boyd	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Boyd	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Boyd	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Boyd	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Boyd	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Boyd	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Boyd	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Boyd	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Boyd	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Boyd	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Brown	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Brown	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Brown	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
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Brown	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Brown	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Brown	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Brown	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brown	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
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Buffalo	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Buffalo	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Buffalo	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Buffalo	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Buffalo	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
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Buffalo	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Buffalo	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

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Buffalo	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Buffalo	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
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Buffalo	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Buffalo	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Buffalo	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Burt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
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Burt	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Burt	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Burt	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Burt	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-006)	Local HMO *	\$0.00					
Burt	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Burt	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Burt	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Burt	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Burt	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Butler	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Butler	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Butler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Butler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Butler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Butler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Butler	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Butler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Butler	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Butler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Butler	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Butler	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Butler	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Butler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Butler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cass	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Cass	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cass	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cass	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cass	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cass	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Cass	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-006)	Local HMO *	\$0.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cass	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cass	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Cass	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cass	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cass	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Cedar	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cedar	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cedar	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cedar	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cedar	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cedar	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cedar	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cedar	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cedar	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cedar	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cedar	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cedar	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cedar	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cedar	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cedar	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cedar	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cedar	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Chase	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Chase	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Chase	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Chase	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Chase	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chase	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Chase	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Chase	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Chase	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chase	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Chase	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Chase	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Chase	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Chase	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Cherry	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Cherry	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cherry	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cherry	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cherry	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cherry	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cherry	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cherry	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cherry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Cherry	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cherry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cherry	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Cherry	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Cherry	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Cherry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Cherry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Cheyenne	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cheyenne	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cheyenne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cheyenne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cheyenne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cheyenne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cheyenne	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cheyenne	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cheyenne	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cheyenne	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cheyenne	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cheyenne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cheyenne	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cheyenne	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cheyenne	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cheyenne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cheyenne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Clay	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Clay	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Clay	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Clay	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Clay	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Clay	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clay	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Clay	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clay	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Clay	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Colfax	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Colfax	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Colfax	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Colfax	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Colfax	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Colfax	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Colfax	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Colfax	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Colfax	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Colfax	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Colfax	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Colfax	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Colfax	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Colfax	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Colfax	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Colfax	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Cuming	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cuming	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cuming	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cuming	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cuming	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cuming	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cuming	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cuming	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cuming	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cuming	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cuming	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cuming	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cuming	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cuming	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cuming	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cuming	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cuming	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Custer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Custer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Custer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Custer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Custer	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Custer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Custer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Custer	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Custer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Dakota	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dakota	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dakota	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dakota	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dakota	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dakota	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dakota	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dakota	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Dakota	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dakota	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Dakota	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dakota	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dakota	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dakota	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dakota	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dakota	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Dakota	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dawes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dawes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dawes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dawes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dawes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dawes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dawes	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawes	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dawes	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Dawes	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dawes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dawes	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dawes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dawes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dawes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Dawes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dawson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dawson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dawson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dawson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dawson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dawson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dawson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Dawson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dawson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dawson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Deuel	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Deuel	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Deuel	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Deuel	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Deuel	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Deuel	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Deuel	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Deuel	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Deuel	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Deuel	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Deuel	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Deuel	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Deuel	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Deuel	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Deuel	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Deuel	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Deuel	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dixon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dixon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dixon	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dixon	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dixon	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dixon	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dixon	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dixon	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dixon	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dixon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Dixon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dixon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dixon	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dixon	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dixon	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dixon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Dixon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dodge	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Dodge	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dodge	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dodge	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dodge	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dodge	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dodge	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Dodge	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dodge	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dodge	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Douglas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Douglas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Douglas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Douglas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Douglas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Douglas	SecureHorizons	MedicareComplete Essential Plan 1 (H2802-004)	Local HMO *	\$0.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Douglas	SecureHorizons	MedicareComplete Plan 1 (H2802-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-005)	Local HMO *	\$0.00					
Douglas	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Douglas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Douglas	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dundy	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Dundy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dundy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dundy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dundy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dundy	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dundy	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dundy	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dundy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dundy	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dundy	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Dundy	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Dundy	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Dundy	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Fillmore	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Fillmore	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Fillmore	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Fillmore	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Fillmore	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Fillmore	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fillmore	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Fillmore	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fillmore	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Fillmore	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Fillmore	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fillmore	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Franklin	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Franklin	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Franklin	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Franklin	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Franklin	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Franklin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Franklin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Franklin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Frontier	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Frontier	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Frontier	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Frontier	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Frontier	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Frontier	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Frontier	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Frontier	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Frontier	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Frontier	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Frontier	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Frontier	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Frontier	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Frontier	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Furnas	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Furnas	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Furnas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Furnas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Furnas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Furnas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Furnas	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Furnas	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Furnas	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Furnas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Furnas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Furnas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Furnas	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Furnas	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Furnas	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Furnas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Furnas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Gage	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Gage	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Gage	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Gage	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Gage	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Gage	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Gage	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gage	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Gage	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gage	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Gage	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Gage	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Gage	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gage	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Gage	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Gage	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Gage	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Gage	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Garden	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Garden	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Garden	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Garden	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Garden	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Garden	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Garden	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Garden	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Garden	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Garden	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Garden	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Garden	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Garden	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Garden	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Garfield	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Garfield	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Garfield	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Garfield	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Garfield	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Garfield	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Garfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Garfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Garfield	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Garfield	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Garfield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Garfield	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Gosper	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Gosper	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Gosper	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Gosper	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Gosper	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Gosper	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Gosper	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gosper	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Gosper	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gosper	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Gosper	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Gosper	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gosper	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Gosper	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Gosper	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Gosper	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Gosper	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Grant	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Grant	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Grant	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Grant	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Grant	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grant	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Grant	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grant	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Greeley	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Greeley	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Greeley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Greeley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Greeley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Greeley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Greeley	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Greeley	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Greeley	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Greeley	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Greeley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Greeley	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Greeley	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Greeley	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Greeley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Greeley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hall	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hall	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hall	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hall	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hall	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hall	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hall	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hall	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hall	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hall	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hall	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hall	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hall	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Hall	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Hall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Hall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Hamilton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hamilton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hamilton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hamilton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hamilton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hamilton	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hamilton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hamilton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Harlan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Harlan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Harlan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Harlan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Harlan	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Harlan	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Harlan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Harlan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Harlan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Harlan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Harlan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Harlan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Harlan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Hayes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hayes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hayes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hayes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hayes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hayes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hayes	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hayes	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hayes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hayes	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hayes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hayes	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hayes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hayes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hayes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hayes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hitchcock	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hitchcock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hitchcock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hitchcock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hitchcock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

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Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Howard	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Howard	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Howard	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Howard	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Jefferson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jefferson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jefferson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Jefferson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Jefferson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Jefferson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jefferson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Jefferson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jefferson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Johnson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Johnson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Johnson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Johnson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Johnson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Johnson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Johnson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Johnson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Johnson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Johnson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Kearney	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kearney	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kearney	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kearney	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Kearney	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kearney	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Kearney	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kearney	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kearney	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kearney	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Kearney	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Kearney	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kearney	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kearney	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kearney	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kearney	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kearney	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Keith	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Keith	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Keith	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Keith	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Keith	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Keith	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Keith	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Keith	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Keith	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Keith	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Keith	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Keith	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Keith	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Keith	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Keith	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Keith	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Keya Paha	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Keya Paha	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Keya Paha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Keya Paha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Keya Paha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Keya Paha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Keya Paha	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Keya Paha	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Keya Paha	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Keya Paha	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Keya Paha	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Keya Paha	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Keya Paha	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Keya Paha	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Keya Paha	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Keya Paha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Keya Paha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kimball	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kimball	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Kimball	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kimball	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Kimball	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kimball	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kimball	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kimball	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Kimball	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Kimball	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kimball	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Kimball	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Kimball	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Kimball	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Kimball	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Knox	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Knox	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Knox	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Knox	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Knox	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Knox	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Knox	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Knox	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Knox	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Knox	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Knox	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Knox	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Knox	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Knox	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Knox	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Knox	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lancaster	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lancaster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lancaster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lancaster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lancaster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lancaster	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lancaster	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lancaster	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lancaster	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Lancaster	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lancaster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lancaster	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Lincoln	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lincoln	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lincoln	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lincoln	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lincoln	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lincoln	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lincoln	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Logan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Logan	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Logan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Logan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Logan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Logan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Logan	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Logan	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Logan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Logan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Logan	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Logan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Logan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Logan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Logan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Loup	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Loup	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Loup	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Loup	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Loup	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Loup	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Loup	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Loup	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Loup	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Loup	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Loup	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Loup	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Loup	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Loup	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Loup	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Loup	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Loup	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Madison	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Madison	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Madison	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Madison	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Madison	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Madison	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Madison	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Madison	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Madison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Madison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Madison	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Madison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
McPherson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
McPherson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
McPherson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McPherson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McPherson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McPherson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McPherson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McPherson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McPherson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McPherson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McPherson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
McPherson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McPherson	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
McPherson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
McPherson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
McPherson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
McPherson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Merrick	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Merrick	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Merrick	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Merrick	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Merrick	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Merrick	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Merrick	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Merrick	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Merrick	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Merrick	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Merrick	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Merrick	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Merrick	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Merrick	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Merrick	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Merrick	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Morrill	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Morrill	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Morrill	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Morrill	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Morrill	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Morrill	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Morrill	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Morrill	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Morrill	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Morrill	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Morrill	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Morrill	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Morrill	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Morrill	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Morrill	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Morrill	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Morrill	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nance	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nance	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nance	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nance	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nance	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nance	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Nance	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Nance	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Nance	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Nance	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Nemaha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Nemaha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nemaha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nemaha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nemaha	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nemaha	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nemaha	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nemaha	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Nemaha	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nemaha	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nemaha	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Nemaha	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Nemaha	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Nemaha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Nemaha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Nuckolls	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Nuckolls	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nuckolls	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nuckolls	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nuckolls	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nuckolls	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nuckolls	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nuckolls	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nuckolls	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Nuckolls	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Nuckolls	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Nuckolls	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Nuckolls	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Otoe	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Otoe	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Otoe	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Otoe	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Otoe	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Otoe	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Otoe	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Otoe	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Otoe	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-006)	Local HMO *	\$0.00					
Otoe	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Otoe	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Otoe	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Otoe	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Otoe	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Otoe	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Otoe	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Otoe	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Pawnee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pawnee	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pawnee	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pawnee	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pawnee	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pawnee	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pawnee	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pawnee	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pawnee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Pawnee	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pawnee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pawnee	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pawnee	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Pawnee	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Pawnee	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Pawnee	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Perkins	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Perkins	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Perkins	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Perkins	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Perkins	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Perkins	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Perkins	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Perkins	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Perkins	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Perkins	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Perkins	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Phelps	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Phelps	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Phelps	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Phelps	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Phelps	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Phelps	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Phelps	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Phelps	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Phelps	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Phelps	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Phelps	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Phelps	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Phelps	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Phelps	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Phelps	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Phelps	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Phelps	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Phelps	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pierce	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pierce	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pierce	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pierce	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pierce	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pierce	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pierce	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pierce	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pierce	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Platte	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Platte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Platte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Platte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Platte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Platte	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Platte	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Platte	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Platte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Platte	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Platte	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Platte	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Platte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Platte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Polk	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Polk	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Polk	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Polk	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Polk	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Polk	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Polk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Polk	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Polk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Polk	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Polk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Red Willow	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Red Willow	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Red Willow	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Red Willow	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Red Willow	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Red Willow	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Red Willow	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Red Willow	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Red Willow	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Red Willow	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Red Willow	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Richardson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Richardson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Richardson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Richardson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Richardson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Richardson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Richardson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Richardson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Richardson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Richardson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Richardson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Richardson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Richardson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Rock	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Rock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Rock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Rock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Rock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Rock	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rock	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Rock	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rock	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Rock	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Rock	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rock	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Rock	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Rock	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Rock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Rock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Saline	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Saline	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Saline	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Saline	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Saline	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Saline	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saline	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Saline	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saline	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Saline	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Saline	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Saline	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Saline	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Saline	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Saline	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Saline	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Sarpy	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sarpy	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sarpy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sarpy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sarpy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sarpy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sarpy	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sarpy	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sarpy	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarpy	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-006)	Local HMO *	\$0.00					
Sarpy	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sarpy	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Sarpy	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sarpy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sarpy	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Saunders	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Saunders	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Saunders	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Saunders	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Saunders	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Saunders	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saunders	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Saunders	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saunders	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Saunders	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Saunders	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Saunders	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Scotts Bluff	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Scotts Bluff	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Scotts Bluff	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Scotts Bluff	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Scotts Bluff	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Scotts Bluff	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Scotts Bluff	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Scotts Bluff	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Scotts Bluff	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Scotts Bluff	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Scotts Bluff	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Scotts Bluff	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Scotts Bluff	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Scotts Bluff	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Scotts Bluff	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Scotts Bluff	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Scotts Bluff	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Seward	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Seward	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Seward	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Seward	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Seward	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Seward	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Seward	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Seward	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Seward	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Seward	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Seward	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Seward	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Seward	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Seward	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Seward	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Seward	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Seward	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sheridan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sheridan	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sheridan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sheridan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sheridan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sheridan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sheridan	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Sheridan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sheridan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sheridan	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sherman	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Sherman	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sherman	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sherman	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sherman	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sherman	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sherman	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sherman	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sherman	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sherman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sherman	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Sioux	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sioux	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sioux	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sioux	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sioux	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sioux	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sioux	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sioux	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sioux	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sioux	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sioux	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sioux	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sioux	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Stanton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stanton	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stanton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stanton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stanton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stanton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stanton	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stanton	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stanton	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stanton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Stanton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Stanton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stanton	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Stanton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Stanton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stanton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Stanton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Statewide	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Statewide	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Statewide	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Thayer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Thayer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Thayer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Thayer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Thayer	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thayer	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Thayer	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thayer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Thayer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Thayer	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Thayer	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Thayer	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Thayer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Thayer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Thomas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Thomas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Thomas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Thomas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Thomas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Thomas	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thomas	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Thomas	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thomas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Thomas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Thomas	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Thomas	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Thomas	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Thomas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Thomas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Thurston	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Thurston	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Thurston	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Thurston	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Thurston	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thurston	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Thurston	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thurston	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Thurston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Thurston	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Valley	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Valley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Valley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Valley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Valley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Valley	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Valley	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Valley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Valley	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Valley	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Valley	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Valley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Valley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Washington	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Washington	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Washington	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Washington	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Washington	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-006)	Local HMO *	\$0.00					
Washington	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Washington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washington	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Washington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Washington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Wayne	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Wayne	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Wayne	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Wayne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wayne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wayne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wayne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wayne	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wayne	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Wayne	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wayne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wayne	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Wayne	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Wayne	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Wayne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Wayne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Webster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Webster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Webster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

Nebraska 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Webster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Webster	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Webster	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Webster	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Webster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Webster	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Webster	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Webster	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Webster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Webster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Wheeler	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Wheeler	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Wheeler	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Wheeler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wheeler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wheeler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wheeler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wheeler	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wheeler	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wheeler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Wheeler	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wheeler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wheeler	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
York	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
York	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
York	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
York	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
York	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
York	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
York	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
York	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
York	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
York	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
York	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
York	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
York	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•